

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213514623					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: FGX International Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2013</p> <p>SCC ID NO: F1700113</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 500 GEORGE WASHINGTON HIGHWAY</p> <p style="text-align: center;">CITY/ST/ZIP: SMITHFIELD, RI 02917</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN FLYNN JR TITLE: PRESIDENT ADDRESS: 500 GEORGE WASHINGTON HIGHWAY CITY/ST/ZIP/CO: SMITHFIELD, RI 02917 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: JOHN FLYNN JR TITLE: PRESIDENT ADDRESS: 500 GEORGE WASHINGTON HIGHWAY CITY/ST/ZIP/CO: SMITHFIELD, RI 02917	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME:	MARK WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CORP CONT		
ADDRESS:	500 GEO WASHINGTON HWY		
CITY/ST/ZIP/CO:	SMITHFIELD, RI 02917		
NAME:	JEFFREY J GIGUERE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/SEC/GC		
ADDRESS:	500 GEORGE WASHINGTON HWY		
CITY/ST/ZIP/CO:	SMITHFIELD, RI 02917		
NAME:	ANTHONY DI PAOLA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO/T		
ADDRESS:	500 GEORGE WASHINGTON HIGHWAY		
CITY/ST/ZIP/CO:	SMITHFIELD, RI 02917		
NAME:	CÉSAR MELO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	500 GEORGE WASHINGTON HIGHWAY		
CITY/ST/ZIP/CO:	SMITHFIELD, RI 02917		
NAME:	KEVIN RUPP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 GEO WASHINGTON HWY		
CITY/ST/ZIP/CO:	SMITHFIELD, RI 02917		
NAME:	ERIC THOREUX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 GEO WASHINGTON HWY		
CITY/ST/ZIP/CO:	SMITHFIELD, RI 02917		
NAME:	MATTHEW PANUCCI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 GEO WASHINGTON HWY		
CITY/ST/ZIP/CO:	SMITHFIELD, RI 02917		
NAME:	GINA LAZARO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 GEO WASHINGTON HWY		
CITY/ST/ZIP/CO:	SMITHFIELD, RI 02917		
NAME:	TIMOTHY A SWARTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 GEO WASHINGTON HWY		
CITY/ST/ZIP/CO:	SMITHFIELD, RI 02917		
NAME:	JOHN CONNORS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 GEO WASHINGTON HWY		
CITY/ST/ZIP/CO:	SMITHFIELD, RI 02917		
NAME:	PAUL CRIMMINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 GEO WASHINGTON HWY		
CITY/ST/ZIP/CO:	SMITHFIELD, RI 02917		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CORINNE MCCORMACK VICE PRESIDENT 500 GEO WASHINGTON HWY SMITHFIELD, RI 02917	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHANIE SCHMIDT VICE PRESIDENT 500 GEO WASHINGTON HWY SMITHFIELD, RI 02917	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK O'REILLY VICE PRESIDENT 500 GEO WASHINGTON HWY SMITHFIELD, RI 02917	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ MARK WILLIAMS		MARK WILLIAMS, VP/CORP CONT		3/25/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					